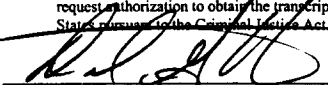
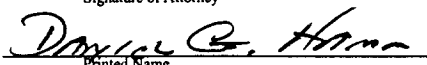
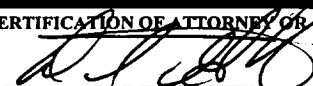



|  |                      |  |  |  |                              |
|--|----------------------|--|--|--|------------------------------|
| 1. CIR./DIST./DIV. CODE<br>ALM   |                      | 2. PERSON REPRESENTED<br>Lawson, Jamica Delwan |  | VOUCHER NUMBER<br>080311000031                                 |                              |
| 3. MAG. DKT./DEF. NUMBER   |                      | 4. DIST. DKT./DEF. NUMBER<br>2:07-000095-002   |  | 5. APPEALS DKT./DEF. NUMBER                                    |                              |
| 7. IN CASE/MATTER OF (Case Name)<br>U.S. v. Caffey, et al  |                      | 8. PAYMENT CATEGORY<br>Felony                  |  | 9. TYPE PERSON REPRESENTED<br>Adult Defendant                  |                              |
|  |                      |  |  | 10. REPRESENTATION TYPE<br>(See Instructions)<br>Criminal Case |                              |
| 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.<br>1) 21 841A=CD.F -- CONTROLLED SUBSTANCE - SELL, DISTRIBUTE, OR DISPENSE  |                      |  |  |  |                              |
| 12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly)<br><br>USA v. Jamica Lawson  |                      |  |  |  |                              |
| 13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14).<br>Bond Revocation Hearing held before Mag. Judge Wallace Capel, Jr. on 9/10/2007  |                      |  |  |  |                              |
| 14. SPECIAL AUTHORIZATIONS (Services Other Than Ordinary)  |                      |  |  |  | Judge's Initials             |
| A. Apportioned Cost % of transcript with (Give case name and defendant)  |                      |  |  |  |                              |
| B. <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Real Time Unedited   |                      |  |  |  |                              |
| C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal<br><input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions  |                      |  |  |  |                              |
| D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.   |                      |  |  |  |                              |
| 15. ATTORNEY'S STATEMENT<br>As the attorney for the person represented who is named above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act.<br><br><br>Signature of Attorney<br><br><br>Printed Name<br>Telephone Number: 334.269.0269<br><input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Atty <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization |                      |  | 16. COURT ORDER<br>Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 15 is hereby granted.<br><br>_____<br>Signature of Presiding Judicial Officer or By Order of the Court<br><br>_____<br>Date of Order                      Nunc Pro Tunc Date |  |                              |
| 17. COURT REPORTER/TRANSCRIBER STATUS<br><input checked="" type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other  |                      |  | 18. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix,) AND MAILING ADDRESS<br>Patricia Starkie<br>125 Lamar Rd.<br>Hope Hull, AL 36043<br>Telephone Number: (334) 262-1221  |  |                              |
| 19. SOCIAL SECURITY NUMBER OR EMPLOYER ID OF PAYEE<br>418-88-8872  |                      |  |  |  |                              |
| 20. TRANSCRIPT   | Include Page Numbers | No. of Pages                                   | Rate Per Page  | Sub-Total  | Less Amount Apportioned      |
| Original   | 1-11                 | 11   | 3.65   | 40.15  |                              |
| Copy   |                      |  |  |  |                              |
| Expenses (itemize):  |                      |  |  |  |                              |
| TOTAL AMOUNT CLAIMED:  |                      |  |  |  | 40.15                        |
| 21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED<br>I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.<br><br>Signature of Claimant/Payee: Patricia Starkie                      Date: 3-6-08   |                      |  |  |  |                              |
| 22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received.<br><br><br>Signature of Attorney or Clerk                      3-7-08<br>Date   |                      |  |  |  |                              |
| 23. APPROVED FOR PAYMENT<br><br>Signature of Judicial Officer or Clerk                      3-10-08<br>Date   |                      |  |  |  | 24. AMOUNT APPROVED<br>40.15 |